MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/700116   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1					52							
3		2					53							
4		①1					54							
5		1①					55							
6		①1					56							
7		1①					57							
8		①1					58							
9		1①					59							
10		①1					60							
11		1①					61							
12		①1					62							
13		1①					63							
14		①1					64							
15							65							
16							66							
17							67							
18							68							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1	←		←		←	TOTAL IND.		←		←		←	
TOTAL DEP.	14						TOTAL DEP.							
TOTAL CLAIMS	15						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)